

## Reflections on nursing research focusing on the COVID-19 pandemic

The COVID-19 pandemic has consumed nursing for more than 2 years now. Nurses have been and remain at the heart of the response to the pandemic—nurses are central to preventative, curative and palliative activities associated with COVID-19, and have taken these roles on in addition to their usual roles. Nurses of all levels and career stages have responded to and been affected by the pandemic—from students of nursing, through to academic and executive nurses (Heilferty et al., 2021; Ion et al., 2021; Riddell et al., 2022). Nurse researchers have also been very responsive to the pandemic. Like many other nursing and health journals, the *Journal of Advanced Nursing* has received literally hundreds of manuscripts focused on the pandemic, and we have published more than 200 papers on the COVID-19 pandemic over the past 2 years. These papers have come from all over the world and have focused on many areas of interest, but the most dominant topic by far has been on the effects of the COVID-19 pandemic on the nursing workforce. Effects on the nursing workforce have been felt internationally—the hundreds of papers we have published shows that there is not an area of nursing or a geographical location that has escaped the effects of the pandemic.

Through the pages of the *Journal of Advanced Nursing* we have learned about many aspects of the pandemic and how it has been experienced all over the world. Nurse researchers were quick to scrutinize and synthesize the literature to ascertain the presenting signs and symptoms of adult hospitalized patients with COVID-19 at a time when still little was known about the virus (Keller et al., 2020). There has been considerable recognition of the needs of particular populations such as older adults and those living with chronic conditions (Rodrigues et al., 2022; Ryan & Meskell, 2022; Searby & Burr, 2021), as well as the effects of visitor restrictions in community and health settings (Rodney et al., 2021), and particularly on the effects and impacts of these restrictions on minority populations (Altman et al., 2021). Issues such as loneliness (Rodney et al., 2021), attitudes and views on vaccination (Burden et al., 2021) and health disparity (Jackson et al., 2021; James et al., 2021) have been raised and interrogated in relation to the COVID-19 pandemic.

The pandemic has had deleterious effects on nursing staff and been associated with uncertainty (Turgut et al., 2022), fear and emotional exhaustion (Sarabia-Cobo et al., 2021), psychological distress (Hamama et al., 2021) and burnout (Galanis et al., 2021; Manzano García & Ayala Calvo, 2021) in nurses. We have gained insights into the moral distress experienced by hospital nurses during the pandemic, and know that the causes of the distress were varied and

included issues with availability of personal protective equipment (PPE), concerns about transmission of infection from work to home and providing care to patients dying alone (Foli et al., 2021; Lake et al., 2022; McCallum et al., 2021). Hospital nurses have reported experiencing withdrawal, anxiety and difficulty sleeping associated with the COVID-19 pandemic (Lake et al., 2022). Foli et al. (2021) provided detailed information about the psychological distress experienced by hospital nurses caring for patients with COVID-19. Respondents in this study described experiencing anxiety, depression, feeling unsupported, having to make tough decisions, dealing with intrusive thoughts, isolation from family and friends, increased use of substances and maladaptive coping associated with the pandemic (Foli et al., 2021). Hospital nurses reported feelings of betrayal associated with lack of adequate resources, and authors have highlighted a need to ensure appropriate support services for nurses experiencing mental health sequelae arising from the pandemic (Foli et al., 2021).

In addition to the challenges faced by hospital nurses (Foli et al., 2021; Hamama et al., 2021; Lake et al., 2022), Hoedl et al. (2022) describe nursing home staff having greater workloads, experiencing fear, uncertainty and increased stress and striving to meet the needs of residents and family members who were more stressed because of the pandemic (also Sarabia-Cobo et al., 2021). These authors go on to highlight the additional support needs that nursing home staff have because of the COVID-19 pandemic (Hoedl et al., 2022; Sarabia-Cobo et al., 2021). Nurses working in primary care also reported experiencing anxiety and stress, as well as acts of abuse and violence directed towards them (Ashley et al., 2021).

However, regardless of the challenges and stressors presented by the pandemic, Ke et al. (2021) found that most frontline nurses demonstrated strong professional commitment and were prepared to continue to work during the pandemic. These authors also suggest some strategies that are important to nurses' willingness to work, including provision of emotional support, recognition of and reward for the nursing contribution, ensuring the availability of appropriate resources, including PPE, access to appropriate training and social support, and coordinating appropriate and realistic working hours.

Despite the pressures brought about by the pandemic, nurses have shown a willingness to innovate and change their practices. The pandemic created changes in the ways nurses could work and interact with patients and consumers and was a catalyst for nurses to develop new and inventive ways to deliver services (Gardiner & MacLellan, 2021). Skill mix and staffing models were changed

to build capacity as a response to the demands of the pandemic (Endicott et al., 2022), and where possible, services adopted various forms of remote working and telehealth, which was seen to be useful and effective in some ways but problematic in others (Hughes et al., 2022). Nurses identified issues with delivering alcohol and drug services through telehealth, though this modality was seen as being successful as an adjunct service to people living in regional or remote locations or with those consumers who had a preference for telehealth (Searby & Burr, 2021).

Patient safety has remained a central concern for nurse researchers during the pandemic (Andel et al., 2022). Nurses have been quick to recognize where there have been unintended and deleterious outcomes to patients and to take steps to better understand and mitigate the issues. Istamboulian et al. (2022) recognized communication impairments in patients treated with invasive mechanical ventilation in the intensive care unit during the COVID-19 pandemic and undertook a study to explore the barriers and facilitators for supporting optimal communication in this context. Nurses have recognized the particular needs of people with chronic and underlying health needs during the pandemic and have modified approaches to care to ensure that patients and consumers still had access to the best possible care that could be delivered during the pandemic (Ryan & Meskell, 2022; Searby & Burr, 2021). Similarly, administrators and academic nurses have revised processes and their ways of working to be optimally responsive during the pandemic, in the constraints that were faced (Ion et al., 2021; Riddell et al., 2022).

Despite the proliferation of papers on the pandemic, many questions remain. There are several areas that have had relatively little attention, or that require further scrutiny. The longer term effects of the pandemic on the nursing workforce are yet to be fully understood and this includes effects on the emergent workforce, as newly graduated nurses have experienced various forms of educational disruption, and are entering a more stressed environment. Changes to skill mix and staffing models and metrics were enacted during the pandemic, and it is yet to be seen whether these changes will be retained or if previous models and metrics will be restored, in either original or modified ways. We know that many clinical services were curtailed or restricted during the very acute stages of the pandemic because of the need for staff and resources to be redirected to the pandemic. This resulted in some suspension and modification of services, and large scale redeployment of nurses into different clinical areas. There has not yet been many empirical studies of the effects of this redeployment on patient care and outcomes for patients or on the nurses who were redeployed. Undoubtedly this strategy will be scrutinized and future research findings will be very useful in considering the ways that redeployment can be used in future events.

We know that some people are now living with long COVID, and future research will help us to better understand and respond to the needs of these people and their families. We also know that during very acute stages of the pandemic, not only were there high death rates, there were also restrictions to events such as funerals and because of this, many people were deprived of access to their usual

rituals around loss and death. We are yet to fully understand the effects of this, on grief and on rates of complicated grief.

The pandemic is not yet over and the final effects of the pandemic will not be known for several years. Despite the extent and demands of the COVID-19 pandemic, nurses have and continue to collaborate and share information to address the challenges presented by the pandemic (Ion et al., 2021; Riddell et al., 2022), and this has resulted in the ability of nurses and nursing to effectively respond to a dynamic and rapidly changing situation. The empirical knowledge that nurses have produced and shared through the pages of the journal will help us to better respond to future public health crises. Over the coming years, the global nursing community will continue to deal with the aftermath of the pandemic and continue to generate the knowledge that will help us through the next phases of recovery from the pandemic. Nurses will continue to contribute to the evidence base for nursing and health care in the context of disaster and public health emergencies.

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